## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT THE C/OH INSTRUCTION GUIDE explains how to complete its form.

## FORM C/OH COVER SHEET PG 1

The CIOH Inches		· ·	1 ACCOUNT#		2 Total pages file	d:
this form.	TION GUIDE expla	ins how to complete	(Ethics Commiss	sion fliers)		
3 CANDIDATE / OFFICEHOLDER	- 1	FIRST	· •	MI MI	OFFICE	USE ONLY
NAME	NICKNAME	MAXIMINU	0	SUFFIX	Date Received	
		MUNIOZ				9
CANDIDATE/ OFFICEHOLDER MAILING	ADDRESS / PO BOX	NYOMING A	CITY; STATE;	ZIP CODE	rii Herrita Territa	3
ADDRESS  Change of Address	1 .	PASO, TX 7	•		Date Hand-delivered o	
CANDIDATE/ OFFICEHOLDER	AREA CODE	PHONE NUMBER	EXTENSION	ON		3
PHONE	(915)	533-66	66	MI 4	Receipt #	Amount
CAMPAIGN TREASURER NAME	MR.	EDUARDO		SUFFIX	Date Imaged	
	MOROVANE	PARRA		SUFFIX E		
CAMPAIGN TREASURER		NO PO BOX PLEASE); APT / SUIT	$\wedge$	STATE;	ZIP CODE	
ADDRESS (Residence or business		SAPINAS R			x 79932	
CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	EXTENSIO	N		
PHONE	(915)	384-1664				•
PHONE REPORT TYPE	(913)	584−7624 □ 30th day before election	Runoff		15th day after cam appointment (office	paign treasurer
			Runoff	\$500 limit		npäign treasurer sholder only)
	January 15	30th day before election	Exceeded		appointment (office	npäign treasurer sholder only)
REPORTTYPE	January 15  July 15  Morith Day	30th day before election  8th day before election  Year  THROUG	Exceeded Monti		appointment (office	npäign treasurer sholder only)
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PERIOD COVERED  ELECTION  OFFICE  NOTICE OF DIRECT CAMPAIGN	January 15  July 15  Month Day  ELECTION DAY  OFFICE HELD (If any)  MULLICIP  Direct campaign experiences	30th day before election  8th day before election  Year  THROUGH  ATE  Year  Primary	Exceeded  Monti  GH  Runoff  13 OFFICE SO  Itures made by others w	George George Grand Gran	appointment (office Final report (Attach Year  meral	npåign treasurer sholder only)  C/OH - FR)  Special
PERIOD COVERED  ELECTION  OFFICE  NOTICE OF DIRECT	January 15  July 15  Month Day  ELECTION DAY  OFFICE HELD (If any)  MULLICIP  Direct campaign experiences	30th day before election  8th day before election  Year  THROUGH  ATE Year  Primary  COURT  COURT  Appenditures are campaign expenditures are campaign expenditures.	Exceeded  Monti  GH  Runoff  13 OFFICE SO  Itures made by others w	George George Grand Gran	appointment (office Final report (Attach Year  meral	ipaign treasurer sholder only)  C/OH - FR)  Special
PERIOD COVERED  ELECTION  OFFICE  NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER	January 15  July 15  Month Day  OS O7  OFFICE HELD (If any)  Municipal Candidates are required.	30th day before election  8th day before election  Year  THROUGH  ATE Year  Primary  Primary  ATE Year  Primary  ATE ATE Year  Primary  ATE Primary	Exceeded  Monti  GH  Runoff  13 OFFICE SO  Itures made by others w	George George Grand Gran	appointment (office Final report (Attach Year  meral  AT Jucks ate's prior consent or a ampaign expenditure.	ipaign treasurer sholder only)  C/OH - FR)  Special

Austin, Texas 78711-2070

(512)463-5800

1-800-325-8506

CANDIDATE / OFFICEHOLDER	REPORT:
SUPPORT & TOTALS	

FORM C/OH COVER SHEET PG 2

<del></del>				
C/OH NAME			16ACCOUNT#(Ethics Commission flore	
MR	MAXIM	INIO D'MUNOZ		
NOTICE	- This box is for no	pice of political expenditures by political committees to support the candidate	ate / officeholder. These expenditures es and officeholders are required to repo	
FROM POLITICAL	<ul> <li>This box is for notice of political expenditures by political committees in support and surface and officeholders are required to report this information only if they receive notice of such expenditures.</li> </ul>			
COMMITTEE(S)		COMMITTEE NAME		
1.	COMMITTEE TYPE			
•				
*	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
additional pages		COMMITTEE CAMPAGNIA INCIDENTALIA		
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		COMMITTEE CAMPAIGN TREASURER ADDRESS		
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CONTRIBUTION OTALS	PLEDGE	S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	
	2. TOTAL	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1000 00	
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	4. TOTAL	POLITICAL EXPENDITURES	\$ 100000	
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ONTRIBUTION ALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ORTING PERIOD	\$	
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OANTOTALS	LAST DA	Y OF THE REPORTING PERIOD	\$	
FFIDAVIT				
I I (DEVI)	•	l swear, or affirm, under penalty of pe	rjury, that the accompanying repo	
ponence	******	is true and correct and includes all info	ermation required to be reported b	
	NORMA CARREC	D		
((大)	MY COMMISSION EXP	RES /		
425	May 30, 2006	/		
		Signature of Candida	ate or Officeholder	
AFFIX NOTARY STAMP	/ SEAL ABOVE	Signature of Candida	410 0, 0111001101101	
		7.4		
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April	to cert	ify which, witness my hand and seal of office.		

<u>.</u>				
Texas Ethics C	commission P.O. Box 12070 Au	stin, Texas 78711-2	070 (512) 4	1-800-325-85
1	TICAL CONTRIBUTIONS R THAN PLEDGES OR LOA	NS		SCHEDULE A
The Instruc	гом Guide explains how to complete this form.		1 Total pages Sc	hedule A:
2 FILER NAM	DUARDO PARRA		3 ACCOUNT# (I	Ethics Commission filers)
4 Date	5 Full name of contributor   out-of-state PAC (IDs	* <b>)</b> 	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
4/07/05	MICHAEL L. AARONSON 6 Contributor address; City; State; Zip Cod 2524 MONTANA AU. EL PASO, TX 79903	e	+ 1000°	
9 Principal occ	upation /Job title (See Instructions) ΑΠΟΡΝΕΥ	10 Employer (See	Instructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (If applicable)
	Contributor address; City; State; Zip Code	·		 
Principal occu	pation / Job title (See Instructions)	Employer (See In	nstructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (If applicable)
	Contributor address; City; State; Zip Code	• •, • • • • • • • • • • • • • • • • •		
Principal occur	pation / Job title (See Instructions)	Employer (See In	eta latione)	
- Timoparocca		Employer (See In	structions)	· · · · · · · · · · · · · · · · · · ·
Date	Full name of contributor		Amount of contribution (\$)	in-kind contribution description (if applicable)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (If applicable)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

City; State; Zip Code

Contributor address;

Principal occupation / Job title (See Instructions)

PLEDGED CONTI	RIBUTIONS		• •	SCHEDULE E	
	L 4		1 Total pages Sche	odule B:	
The Instruction Guide explain	ns how to complete this form.			· · · · · · · · · · · · · · · · · · ·	
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TOTAL OF UNI	TEMIZED PLEDGES: ⇔	) th th	<b>D D</b>	\$ In-kind description	
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7 Pledgora	address; City; State; Zip Co		·		
Principal occupation / Job title	(See Instructions)	11 Employer (See ins	structions)		
Date Full name	e of pledgorout-of-state PAC (ID#:_	)	Amount of pledge (\$)	In-kind description (If applicable)	
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Principal occupation / Job title (	(See Instructions)	Employer (See Ins	structions)		
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